

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Hillary for America

**A. Full Name (Last, First, Middle Initial)**

Richard Marchick

Mailing Address 516 The Glade

City	State	Zip Code
Orinda	CA	94563-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Physician

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

**Transaction ID : C257223**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

500.00

**B. Full Name (Last, First, Middle Initial)**

Mary Alice McLarty

Mailing Address 6407 Clubhouse Cir

City	State	Zip Code
Dallas	TX	75240-5444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Trial Lawyer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

**Transaction ID : C37183**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			13			2015			

Amount of Each Receipt this Period

2000.00

**C. Full Name (Last, First, Middle Initial)**

Norman Riddle

Mailing Address 10614 Old Rutledge Pike

City	State	Zip Code
Mascot	TN	37806-1118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Social Worker

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : C192823**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			29			2015			

Amount of Each Receipt this Period

200.00

**Subtotal Of Receipts This Page (optional)**.....

2700.00

**Total This Period (last page this line number only)**.....